

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
FINANCIAL SIGN-OFF OF CONTRACT COMMITMENT
BY PROVIDER TOTAL**

Control Center Number _____ Provider Number _____

Contractor's Name _____

	CONTRACT #	CONTRACT #	CONTRACT #	TOTAL ALLOCATED CONTRACTS
<u>Fund Source</u>	_____	_____	_____	
Regular Short-Doyle (SGF)	\$	\$	\$	\$
Comm Residential Trmt. (BATES)				
Targeted Supplemental Jail Alter.				
Targeted Supplemental Priority Pop.				
Residential Care Supplement				
Homeless				
AB 3632				
Federal Block Grant				
Federal Demonstration Block Grant				
Unexpended _____, FY ____-____				
Unexpended _____, FY ____-____				
Mandatory County Match				
Fed. Financial Participation (FFP)				
CONREP				
	_____	_____	_____	_____
County Maximum Obligation	\$_____	\$_____	\$_____	\$_____

1. Use Policy/Procedure #DF-5 _____ for identification and shifting of the necessary funds to make difference equal to zero.

CONTRACT AND GRANTS DIVISION ACTION:

Prepared by: _____ Title: _____ Date: _____

BUDGET DIVISION ACTION:

☐ **CONTRACT COMMITMENT APPROVED**

☐ **CONTRACT COMMITMENT NOT APPROVED**

By: _____ Title: _____ Date: _____

c: Finance Specialist
CAO Analyst
Director (Not approved items only)